

Exhibit 14

Choice House Calls
17200 E. 10 Mile Road, Suite 135
Eastpointe, MI 48021
Phone: 1-866-688-3679

INITIAL OFFICE VISIT

Patient ID: 1275660

Patient Name:

Date of Birth:

Date of Onset: 01/06/10

Date of Evaluation: 01/20/10

CHIEF COMPLAINTS:

Neck and mid back pain, pain in back of both legs and headaches.

HISTORY OF PRESENT ILLNESS:

The patient was involved in a motor vehicle accident on 01/06/10. He was a belted driver. While stopped at red light, he was rear-ended at high speed. At that time, he did not feel any of the symptoms noted above and the next morning on awakening, he felt all of the above complaints along with anxiety and panic attacks. He has maintained himself on over-the-counter medications until now.

MEDICATIONS:

Over-the-counter pain medications.

PREVIOUS INJURIES OR ACCIDENTS:

None.

PREVIOUS SURGERIES:

None.

PRIOR HOSPITALIZATIONS:

None.

SOCIAL HISTORY:

He smokes approximately half a pack of cigarettes a day. He is single.

WORK HISTORY:

He is unemployed. He was a cook until approximately two years ago and has not worked since.

PHYSICAL EXAMINATION:

The patient is 6 feet 2 inches tall white male weighing approximately 150 pounds. Blood pressure is 112/61. Temperature is 98. Heart rate 108 beats per minute. Examination of

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the cardiovascular and respiratory systems appears normal. HEENT: The eyes, ears, nose and throat are normal.

Examination of the spine shows tenderness along the cervical spine diffusely with paraspinal spasms bilaterally. The range of motion of the cervical spine is reduced by 50% in all planes. Examination of the thoracic spine reveals moderate spasm bilaterally. Examination of the lumbar region shows tenderness along the lower lumbar spines at L4 and L5 with paraspinal spasm, which are moderate-to-severe. The range of motion of the lumbar spine is reduced by 50% in all planes.

He reports that the back pain appears to radiate towards the back of both upper legs. He was anxious throughout the examination and he reports occasional panic attacks.

DIAGNOSES:

1. Cervical, thoracic, and lumbar strain.
2. Posttraumatic stress syndrome.

RECOMMENDATIONS:

1. Physical therapy.
2. Pain medications such as Soma and Xanax twice a day.

PHYSICAL THERAPY GOALS:

Short-term and long-term goals are pain management, normalization of tissue tenderness, and restoration of mobility deficits to within functional limits.



Ram Gunabalan, M.D.

Transcribed by JJ Medical Systems

DD: 01/24/10

DT: 01/25/10

PTV/MUK/SHU

Choice House Calls
17200 E. 10 Mile Road, Suite 135
Eastpointe, MI 48021
Phone: 1-586-279-3200

MEDICAL RE-EVALUATION

Patient ID: 1275660

Patient Name:

Date of Birth:

Date of Onset:

Date of Reevaluation: 03/02/10

CURRENT COMPLAINTS:

The patient complains of bilateral temporal headaches associated with panic attacks, which are at least twice a week at the present time.

He continues to complain of mid and low back pain which is persistent. The patient tolerates the physical therapy well and is showing some improvement since the last visit.

OBJECTIVE FINDINGS:

Examination of the spine shows a normal cervical spine region. The thoracic spine shows point tenderness at T8 thorough T11 associated with bilateral paraspinal spasms to a moderate-to-severe degree. The lumbar spine shows point tenderness at L4 and L5 spines associated with moderate-to-severe paraspinal spasms bilaterally. The range of motion of the lumbar spine is reduced by 50% to 60%. The remaining joints are unremarkable.

DIAGNOSES:

1. Posttraumatic headaches.
2. Thoracic and lumbar strain.

RECOMMENDATIONS:

1. Continue physical therapy.
2. Continue pain medications.
3. Followup in 30 days.



Ram Gunabalan, M.D.

Transcribed by JJ Medical Systems

DD: 03/02/10

DT: 03/03/10

PTV/MUK/SHU